



Children's Mental Health Waiver Youth Risk/Safety Review

Name of Youth: _____

Assessment Date: _____

Participants/Relationship to Youth and Family:



What are your concerns relating to the risk/safety of your child?

What are the strengths of your child and family relating to these concerns?

How has your family dealt with or managed these concerns in the past?

How are the identified concerns currently being addressed?

Are back-up or contingency plans in place? If so, what are they?

What would help your child and family most at this time?

Other information shared

Report Completed by: _____

Date of Completion: _____